



Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☒

LINTECH ELECTRIC INC

PAYROLL NO. _____ FOR WEEK ENDING _____

03/20/2016

BLIND HOUSES

PROJECT CONTRACT NO.

34416888

.....

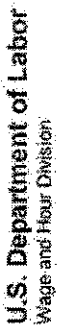
[illegible]

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(p). The Department has issued OLC # 3548(3)(6) regarding contractors performing work on Federally financed or assisted construction contracts to "turnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(p)(1) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or craftsman has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies receiving this information review the information to determine that employees have been legally required wages and fringe benefits.

THESEUS WAPPA MORT

any estimate that is well two or more averages of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, if you have any comments regarding these estimates or any other aspect of this burden, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 3352, 300 Constitution Avenue, N.W., Washington, D.C. 20219.

INDEX



(For Contractor's Optional Use; See instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

22[illegible]

While completion of Form VBA-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collected contained in 29 C.F.R. §§ 3.2, 5.6(c). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "turnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.6(a)(3)(ii) require contractors to submit weekly a copy of all payments to the Federal agency conducting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies reviewing this information review the information to determine that employees have received legally required wages and fringe benefits.

(c) (5) DPP

CONTRACTOR DAILY SIGN-IN SHEET

NEW YORK CITY HOUSING AUTHORITY

DEVELOPMENT

Blond house

DATE

03/25/2016

CONTRACT NO.

BW1416588

CONTRACTOR

Neelam Construction Corp.

SUB CONTRACTOR

Limech Ete

NAME (print)

Gydzyluk Singh

SIGNATURE IN

G/S

TIME IN

8:00 AM

WORK CLASSIFICATION

Electrician

SSN (last 4 digits)

9537

SIGNATURE OUT

G/S

TIME OUT

4:00 PM

NAME (print)

SIGNATURE IN

TIME IN

WORK CLASSIFICATION

SSN (last 4 digits)

SIGNATURE OUT

TIME OUT

NAME (print)

SIGNATURE IN

TIME IN

WORK CLASSIFICATION

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NAME (print)

SIGNATURE IN

TIME IN

WORK CLASSIFICATION

SSN (last 4 digits)

SIGNATURE OUT

TIME OUT

CONTRACTOR CERTIFICATION

I, Kuldeep Singh

(Print name of contractor official)

P. ANNA

(Print name of official)

hereby certify that the information contained on this form is true and accurate.

(Signature of contractor official)

(Signature of official)

DISTRIBUTION: Original to Contract Inspector & Copy to Development Superintendent & Copy to Contractor

CONTRACTOR DAILY REPORT SHEET		NEW YORK CITY HIGHER AUTHORITY	
DATE	TIME	CONTRACTOR	TIME
Bland Haller	03/31/2016	BW 1016988	
Western Construction Corp	Indeck Heckscher		
DATE	TIME	SIGNATURE IN	TIME IN
03/31/2016	05:37	[Signature]	8:30 AM
DATE	TIME	SIGNATURE OUT	TIME OUT
			1:00 PM
DATE	TIME	SIGNATURE IN	TIME IN
DATE	TIME	SIGNATURE OUT	TIME OUT
DATE	TIME	SIGNATURE IN	TIME IN
DATE	TIME	SIGNATURE OUT	TIME OUT
DATE	TIME	SIGNATURE IN	TIME IN
DATE	TIME	SIGNATURE OUT	TIME OUT
DATE	TIME	SIGNATURE IN	TIME IN
DATE	TIME	SIGNATURE OUT	TIME OUT
DATE	TIME	SIGNATURE IN	TIME IN
DATE	TIME	SIGNATURE OUT	TIME OUT
CONTRACTOR CERTIFICATION STATEMENT			
I hereby certify that the above information is true and correct.			

Defendants 0021

NYCHA D76.026 (Rev. 6/06) CONTRACTOR DAILY SIGN-IN SHEET		NEW YORK CITY HOUSING AUTHORITY	
DEVELOPMENT		DATE	CONTRACT NO.
CONTRACTOR		SUB CONTRACTOR	

NAME (print)		SIGNATURE-IN	TIME-IN 6 P
WORK CLASSIFICATION	SSN (last 4 digits)	SIGNATURE-OUT	TIME-OUT 10

NAME (print)		SIGNATURE-IN	TIME-IN
WORK CLASSIFICATION	SSN (last 4 digits)	SIGNATURE-OUT	TIME-OUT

NAME (print)		SIGNATURE-IN	TIME-IN
WORK CLASSIFICATION	SSN (last 4 digits)	SIGNATURE-OUT	TIME-OUT

NAME (print)		SIGNATURE-IN	TIME-IN
WORK CLASSIFICATION	SSN (last 4 digits)	SIGNATURE-OUT	TIME-OUT

NAME (print)		SIGNATURE-IN	TIME-IN
WORK CLASSIFICATION	SSN (last 4 digits)	SIGNATURE-OUT	TIME-OUT

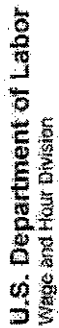
NAME (print)		SIGNATURE-IN	TIME-IN
WORK CLASSIFICATION	SSN (last 4 digits)	SIGNATURE-OUT	TIME-OUT

NAME (print)		SIGNATURE-IN	TIME-IN
WORK CLASSIFICATION	SSN (last 4 digits)	SIGNATURE-OUT	TIME-OUT

NAME (print)		SIGNATURE-IN	TIME-IN
WORK CLASSIFICATION	SSN (last 4 digits)	SIGNATURE-OUT	TIME-OUT

CONTRACTOR'S CERTIFICATION STATEMENT			
I, _____ <div style="display: flex; justify-content: space-between;"> (Print name of Contractor Official) (Print Contractor Official's title) </div> hereby certify that the information contained on this form is true and accurate. <div style="text-align: center;"> _____ (Signature of Contractor Official) </div>			

DISTRIBUTION: Original to Construction Project Manager • Copy to Development Superintendent • Copy to Contractor



(For Contractor's Optional Use: See instructions at www.doi.gov/whd/forms/wh347insr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number:

NAME OF CONTRACTOR <input type="checkbox"/>	OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS	OMB No. 1235-0008 Expires: 02/28/2018
LINTECH ELECTRIC INC.		3006 TILDEN AVENUE BROOKLYN NEW YORK 11226	
PAYROLL NO.	FOR DEBIT ENDING	PROJECT AND LOCATION	PROJECT OR CONTRACT NO.
10	03/13/2016	ATLANTIC TERMINAL	BW-1418588

[illegible]

While completion of Form WH-347 is optional, it is mandatory for covered contractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Consolidated Act (40 U.S.C. § 3145) contractors or assisted construction contracts to "submit weekly a statement with respect to the wages paid each employed during the preceding week." U.S. Department of Labor (DOL); regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement:

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S5502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

friend

NYCHA 076.026 (Rev. 3/03)		NEW YORK CITY HOUSING AUTHORITY	
CONTRACTOR DAILY SIGN-IN SHEET			
DEVELOPMENT <u>ATLANTIC TERMINAL</u>		DATE <u>03/10/16</u>	CONTRACT NO. <u>BW 145888</u>
CONTRACTOR <u>NEELAM CON CORP</u>		SUB CONTRACTOR <u>LJATCEH ETC</u>	

NAME (print) <u>THIRUSANKAR SINGH</u>		SIGNATURE-IN <u>[Signature]</u>	TIME-IN <u>9:00</u>
WORK CLASSIFICATION		SSN (last 4 digits) <u>0537</u>	SIGNATURE-OUT
NAME (print) <u>Manoj Kumar Singh</u>		SIGNATURE-IN <u>[Signature]</u>	TIME-IN <u>9:30</u>
WORK CLASSIFICATION		SSN (last 4 digits) <u>6304</u>	SIGNATURE-OUT
NAME (print)		SIGNATURE-IN	TIME-IN
WORK CLASSIFICATION		SSN (last 4 digits)	SIGNATURE-OUT
NAME (print)		SIGNATURE-IN	TIME-IN
WORK CLASSIFICATION		SSN (last 4 digits)	SIGNATURE-OUT
NAME (print)		SIGNATURE-IN	TIME-IN
WORK CLASSIFICATION		SSN (last 4 digits)	SIGNATURE-OUT
NAME (print)		SIGNATURE-IN	TIME-IN
WORK CLASSIFICATION		SSN (last 4 digits)	SIGNATURE-OUT
NAME (print)		SIGNATURE-IN	TIME-IN
WORK CLASSIFICATION		SSN (last 4 digits)	SIGNATURE-OUT
NAME (print)		SIGNATURE-IN	TIME-IN
WORK CLASSIFICATION		SSN (last 4 digits)	SIGNATURE-OUT
NAME (print)		SIGNATURE-IN	TIME-IN
WORK CLASSIFICATION		SSN (last 4 digits)	SIGNATURE-OUT

CONTRACTOR'S CERTIFICATION STATEMENT	
I, <u>Manoj Kumar Singh</u> <small>(Print name of contractor official)</small> hereby certify that the information contained on this form is true and accurate. <small>(Signature of Contractor Official)</small>	<u>[Signature]</u> <small>(Print contractor official title)</small> <u>[Signature]</u>

DISTRIBUTION: Original to Contract Inspector • Copy to Development Superintendent • Copy to Contractor

NYCHA 078.028 (Rev. 6/08)

CONTRACTOR DAILY SIGN-IN SHEET

NEW YORK CITY HOUSING AUTHORITY

DEVELOPMENT

Atlantic Terminal

DATE

03/16/2016

CONTRACT NO.

BW1416888

CONTRACTOR

Neelam Construction Corp

SUB CONTRACTOR

Litch Electrical

NAME (print)

Ganeshwar Singh

SIGNATURE-IN

G.S.

TIME-IN

8:00 AM

WORK CLASSIFICATION

Electrician

SSN (last 4 digits)

0537

SIGNATURE-OUT

G.S.

TIME-OUT

2:00 PM

NAME (print)

SIGNATURE-IN

TIME-IN

WORK CLASSIFICATION

SSN (last 4 digits)

SIGNATURE-OUT

TIME-OUT

NAME (print)

SIGNATURE-IN

TIME-IN

WORK CLASSIFICATION

SSN (last 4 digits)

SIGNATURE-OUT

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NAME (print)

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NAME (print)

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TIME-IN

WORK CLASSIFICATION

SSN (last 4 digits)

SIGNATURE-OUT

TIME-OUT

CONTRACTOR'S CERTIFICATION STATEMENT

I, _____

Jasmeet Singh

(Print name of Contractor Official)

Superintendent

(Print Contractor Official's title)

hereby certify that the information contained on this form is true and accurate.

(Signature of Contractor Official)

Jasmeet Singh

DISTRIBUTION: Original to Construction Project Manager • Copy to Development Superintendent • Copy to Contractor

NYCHA 076.088 (Rev. 8/10) CONTRACTOR DAILY SIGN-IN SHEET		NEW YORK CITY HOUSING AUTHORITY	
DEVELOPMENT <i>Atlantic Yards</i>		DATE <i>03/18/2016</i>	CONTRACT NO. <i>HW121/G-88</i>
CONTRACTOR <i>Neelam Construction Corp.</i>		SUB-CONTRACTOR <i>Linette Industrial</i>	
NAME (print) <i>Gyula S. Nagy</i>		SIGNATURE-IN <i>[Signature]</i>	TIME-IN <i>9:00 AM</i>
WORK CLASSIFICATION <i>Construction</i>		SSN (last 4 digits) <i>0581</i>	SIGNATURE-OUT <i>[Signature]</i>
NAME (print)		SIGNATURE-IN	TIME-IN
WORK CLASSIFICATION		SSN (last 4 digits)	SIGNATURE-OUT
NAME (print)		SIGNATURE-IN	TIME-IN
WORK CLASSIFICATION		SSN (last 4 digits)	SIGNATURE-OUT
NAME (print)		SIGNATURE-IN	TIME-IN
WORK CLASSIFICATION		SSN (last 4 digits)	SIGNATURE-OUT
NAME (print)		SIGNATURE-IN	TIME-IN
WORK CLASSIFICATION		SSN (last 4 digits)	SIGNATURE-OUT
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WORK CLASSIFICATION		SSN (last 4 digits)	SIGNATURE-OUT
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NAME (print)		SIGNATURE-IN	TIME-IN
WORK CLASSIFICATION		SSN (last 4 digits)	SIGNATURE-OUT
NAME (print)		SIGNATURE-IN	TIME-IN
WORK CLASSIFICATION		SSN (last 4 digits)	SIGNATURE-OUT
CONTRACTOR'S CERTIFICATION STATEMENT			
<i>[Signature]</i> (Print name of Contractor Official)		<i>[Signature]</i> (Print Contractor Official's title)	
hereby certify that the information contained on this form is true and accurate.			
(Signature of Contractor Official) <i>[Signature]</i>			

DISTRIBUTION: Original to Construction Project Manager • Copy to Development Superintendent • Copy to Contractor



Rev. Dec. 2008

OMB No.: 1235-0008
Expires: 02/28/2018

<div style="text-align: right;">  </div>	<div style="text-align: right;">  </div>
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3005 TILDEN AVENUE
BRONX NY NEW YORK 11228

ADDRESS 3005 TILDEN BRICKLYN

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☒ **INITIATOR**

NAME OF CONTRACTOR:

INT'CH ELECTRIC INC.

PAYROLL NO.

EXHIBIT X-33A-B OF

1

PROJECT AND LOCATION

REPORT LOCATION

PROJECT OR CONTRACT NO.

1315-1416

[illegible]

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 28 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3146) prohibits contractors and subcontractors performing work on Federally financed or assisted construction contracts to "turbidly" pay each employee during the preceding week." U.S. Department of Labor (DOL); regulations at 29 C.F.R. § 3.3(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and benefit benefits.

### Public Burden Statement

We estimate that it will take an average of 35 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments on this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Paperwork Reduction Project (0704-0188), Washington, DC 20503.

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|                                                                      |  |                                             |                                  |
|----------------------------------------------------------------------|--|---------------------------------------------|----------------------------------|
| NYCHA (2/18/09) (Rev. 9/06)<br><b>CONTRACTOR DAILY SIGN-IN SHEET</b> |  | <b>NEW YORK CITY HOUSING AUTHORITY</b>      |                                  |
| DEVELOPMENT<br><u>Albany Federal</u>                                 |  | DATE<br><u>03/22/2016</u>                   | CONTRACT NO.<br><u>AW1416588</u> |
| CONTRACTOR<br><u>Chlorine Construction Corp</u>                      |  | SUB CONTRACTOR<br><u>ConTech Electrical</u> |                                  |

|                                           |                                    |                             |                        |
|-------------------------------------------|------------------------------------|-----------------------------|------------------------|
| NAME (print)<br><u>WILLIAM SUTHER</u>     |                                    | SIGNATURE-IN<br><u>W.S.</u> | TIME-IN<br><u>8:00</u> |
| WORK CLASSIFICATION<br><u>Electrician</u> | SSN (last 4 digits)<br><u>0537</u> | SIGNATURE-OUT               | TIME-OUT               |

|                     |                     |               |          |
|---------------------|---------------------|---------------|----------|
| NAME (print)        |                     | SIGNATURE-IN  | TIME-IN  |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT | TIME-OUT |

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|---------------------|---------------------|---------------|----------|
| NAME (print)        |                     | SIGNATURE-IN  | TIME-IN  |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT | TIME-OUT |

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| NAME (print)        |                     | SIGNATURE-IN  | TIME-IN  |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT | TIME-OUT |

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| NAME (print)        |                     | SIGNATURE-IN  | TIME-IN  |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT | TIME-OUT |

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| NAME (print)        |                     | SIGNATURE-IN  | TIME-IN  |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT | TIME-OUT |

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| NAME (print)        |                     | SIGNATURE-IN  | TIME-IN  |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT | TIME-OUT |

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| NAME (print)        |                     | SIGNATURE-IN  | TIME-IN  |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT | TIME-OUT |

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| NAME (print)        |                     | SIGNATURE-IN  | TIME-IN  |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT | TIME-OUT |

|                                                                                  |                                                    |
|----------------------------------------------------------------------------------|----------------------------------------------------|
| <b>CONTRACTOR'S CERTIFICATION STATEMENT</b>                                      |                                                    |
| I, <u>WILLIAM SUTHER</u><br><small>(Print name of Contractor Official)</small>   | <small>(Print Contractor Official's title)</small> |
| hereby certify that the information contained on this form is true and accurate. |                                                    |
| <small>(Signature of Contractor Official)</small>                                | <small>(Signature of Contractor Official)</small>  |

DISTRIBUTION: Original to Construction Project Manager • Copy to Development Superintendent • Copy to Contractor



PAYROLL

For Contractor's Optional Use: See instructions at [www.doi.gov/whd/forms/wh347instr.htm](http://www.doi.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

CMB No.: 1235-0008  
Expires: 02/28/2018

3008 TILDEN AVENUE  
BROOKLYN, NEW YORK 11225

PROJET DE CONTRAT NO.

2000

$$\text{with } \mathbf{h}^{(i)} = \text{col}(\mathbf{h}_1, \dots, \mathbf{h}_i) \text{ and } \mathbf{h}_i = \text{col}(\mathbf{h}_{i1}, \dots, \mathbf{h}_{in_i}) \text{ for } i = 1, \dots, p.$$

03/05/2016



## Section 101.1375

EW-1416888

When completion of Form NS-3407 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to submit weekly a statement with respect to the wages paid to each employee during the preceding week. 28 U.S.C. § 5313(c); 29 U.S.C. § 333, 5369. The Copeland Act (29 U.S.C. § 5314(c)) requires contractors to submit weekly a copy of all payrolls to the Federal agency contracting for, or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer (29 U.S.C. § 5314(d)) has received legally required wages and fringe benefits. The Federal agency contracting for, or financing the construction project, shall determine the information to be submitted by the contractor. Do not check the box below unless you have received legally required wages and fringe benefits.

ॐ नमो भगवते वासुदेवाय

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments on this burden estimate or any aspect of this collection of information, including suggestions for reducing the burden, send them to Washington Headquarters Service, Paperwork Project Director (0334-0187), Washington, DC 20543; and to the Office of Management and Budget, Paperwork Project Director (0334-0187), Washington, DC 20503.

You may also send comments directly to the collection of information at the following address: U.S. Department of Labor, Room 6359, 200 Constitution Avenue, N.W., Washington, DC 20545.

**WATER**



|                                                                    |                           |                                        |  |
|--------------------------------------------------------------------|---------------------------|----------------------------------------|--|
| NYCHA 076.029 (Rev. 0/08)<br><b>CONTRACTOR DAILY SIGN-IN SHEET</b> |                           | <b>NEW YORK CITY HOUSING AUTHORITY</b> |  |
| DEVELOPMENT<br><i>DEVELOPMENT</i>                                  | DATE<br><i>03/03/2018</i> | CONTRACT NO.<br><i>EW 1416 588</i>     |  |
| CONTRACTOR<br><i>ALICO</i>                                         |                           | SUB CONTRACTOR<br><i>LINTECH</i>       |  |

|                                            |                                    |                                     |
|--------------------------------------------|------------------------------------|-------------------------------------|
| NAME (print)<br><i>ALICO</i>               | SIGNATURE-IN<br><i>[Signature]</i> | TIME-IN<br><i>7:00 AM</i>           |
| WORK CLASSIFICATION<br><i>Construction</i> | SSN (last 4 digits)<br><i>0037</i> | SIGNATURE-OUT<br><i>[Signature]</i> |
|                                            |                                    | TIME-OUT<br><i>12:00 PM</i>         |

|                     |                     |               |
|---------------------|---------------------|---------------|
| NAME (print)        | SIGNATURE-IN        | TIME-IN       |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT |
|                     |                     | TIME-OUT      |

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| NAME (print)        | SIGNATURE-IN        | TIME-IN       |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT |
|                     |                     | TIME-OUT      |

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| NAME (print)        | SIGNATURE-IN        | TIME-IN       |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT |
|                     |                     | TIME-OUT      |

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| NAME (print)        | SIGNATURE-IN        | TIME-IN       |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT |
|                     |                     | TIME-OUT      |

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| NAME (print)        | SIGNATURE-IN        | TIME-IN       |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT |
|                     |                     | TIME-OUT      |

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| NAME (print)        | SIGNATURE-IN        | TIME-IN       |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT |
|                     |                     | TIME-OUT      |

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| NAME (print)        | SIGNATURE-IN        | TIME-IN       |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT |
|                     |                     | TIME-OUT      |

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|---------------------|---------------------|---------------|
| NAME (print)        | SIGNATURE-IN        | TIME-IN       |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT |
|                     |                     | TIME-OUT      |

|                                                                                  |                                                           |
|----------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>CONTRACTOR'S CERTIFICATION STATEMENT</b>                                      |                                                           |
| I, <i>[Signature]</i><br>(Print name of Contractor Official)                     | <i>[Signature]</i><br>(Print Contractor Official's title) |
| hereby certify that the information contained on this form is true and accurate. |                                                           |
| (Signature of Contractor Official)                                               |                                                           |

DISTRIBUTION: Original to Construction Project Manager • Copy to Development Superintendent • Copy to Contractor

|                                |                       |                                                    |  |
|--------------------------------|-----------------------|----------------------------------------------------|--|
| NYCHA 076.028 (Rev. 6/06)      |                       | NEW YORK CITY HOUSING AUTHORITY                    |  |
| CONTRACTOR DAILY SIGN-IN SHEET |                       |                                                    |  |
| DEVELOPMENT<br><b>SHELTON</b>  | DATE<br><b>3/1/16</b> | CONTRACT NO.<br><b>BW 10116888</b>                 |  |
| CONTRACTOR<br><b>NEELAM</b>    |                       | SUB CONTRACTOR<br><b><del>NEELAM</del> LINTECH</b> |  |

|                                           |                                     |                                     |                            |
|-------------------------------------------|-------------------------------------|-------------------------------------|----------------------------|
| NAME (print):<br><b>CHUCK</b>             | SSN (last 4 digits):<br><b>8888</b> | SIGNATURE-IN<br><i>[Signature]</i>  | TIME-IN<br><b>8</b>        |
| WORK CLASSIFICATION<br><b>Electrician</b> |                                     | SIGNATURE-OUT<br><i>[Signature]</i> | TIME-OUT<br><b>4:00 PM</b> |

|                     |                      |               |          |
|---------------------|----------------------|---------------|----------|
| NAME (print):       | SSN (last 4 digits): | SIGNATURE-IN  | TIME-IN  |
| WORK CLASSIFICATION |                      | SIGNATURE-OUT | TIME-OUT |

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| NAME (print):       | SSN (last 4 digits): | SIGNATURE-IN  | TIME-IN  |
| WORK CLASSIFICATION |                      | SIGNATURE-OUT | TIME-OUT |

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| NAME (print):       | SSN (last 4 digits): | SIGNATURE-IN  | TIME-IN  |
| WORK CLASSIFICATION |                      | SIGNATURE-OUT | TIME-OUT |

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| NAME (print):       | SSN (last 4 digits): | SIGNATURE-IN  | TIME-IN  |
| WORK CLASSIFICATION |                      | SIGNATURE-OUT | TIME-OUT |

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| NAME (print):       | SSN (last 4 digits): | SIGNATURE-IN  | TIME-IN  |
| WORK CLASSIFICATION |                      | SIGNATURE-OUT | TIME-OUT |

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| NAME (print):       | SSN (last 4 digits): | SIGNATURE-IN  | TIME-IN  |
| WORK CLASSIFICATION |                      | SIGNATURE-OUT | TIME-OUT |

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| NAME (print):       | SSN (last 4 digits): | SIGNATURE-IN  | TIME-IN  |
| WORK CLASSIFICATION |                      | SIGNATURE-OUT | TIME-OUT |

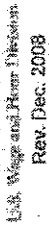
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|---------------------|----------------------|---------------|----------|
| NAME (print):       | SSN (last 4 digits): | SIGNATURE-IN  | TIME-IN  |
| WORK CLASSIFICATION |                      | SIGNATURE-OUT | TIME-OUT |

|                                                                                  |                                                      |
|----------------------------------------------------------------------------------|------------------------------------------------------|
| CONTRACTOR'S CERTIFICATION STATEMENT                                             |                                                      |
| I, <b>NEELAM</b><br>(Print name of Contractor Official)                          | <b>NEELAM</b><br>(Print Contractor Official's title) |
| hereby certify that the information contained on this form is true and accurate. |                                                      |
| (Signature of Contractor Official) <i>[Signature]</i>                            |                                                      |

DISTRIBUTION: Original to Construction Project Manager • Copy to Development Superintendent • Copy to Contractor



(For Contractor's Optional Use: See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))



|                                                                                                    |  |                                            |  |
|----------------------------------------------------------------------------------------------------|--|--------------------------------------------|--|
| NAME OF CONTRACTOR: <input type="checkbox"/> OR SUBCONTRACTOR: <input checked="" type="checkbox"/> |  | CMEB No.: 1235-0008<br>Expires: 02/28/2018 |  |
| LINTech ELECTRIC INC                                                                               |  | PROJECT OR CONTRACT NO.                    |  |
| ADDRESS<br>3006 TILDEN AVENUE<br>BROOKLYN, NEW YORK 11226                                          |  | PROJECT AND LOCATION<br>SHELTON HOUSES     |  |
| FOR MEET ENDING: 07/03/2016                                                                        |  | BW-1416888                                 |  |

[illegible]

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 3.145 contractors and subcontractors performing work on Federally financed or assisted construction projects, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that such laborers and mechanics are being paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

### Public Burden Statement

We estimate that it will take an average of 65 minutes to complete the collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments on this burden estimate or any aspect of the collection of information, including suggestions for reducing this burden, send them to the Washington Headquarters office for Mr. John M. Berber, Paperwork Reduction Project (0432-0047).

(over)

|                                                                    |  |                                                |                                  |
|--------------------------------------------------------------------|--|------------------------------------------------|----------------------------------|
| NYCHA 076.026 (Rev. 6/06)<br><b>CONTRACTOR DAILY SIGN-IN SHEET</b> |  | <b>NEW YORK CITY HOUSING AUTHORITY</b>         |                                  |
| DEVELOPMENT<br><b>SHELTON HOUSES</b>                               |  | DATE<br><b>06/29/2016</b>                      | CONTRACT NO.<br><b>BW1416888</b> |
| CONTRACTOR<br><b>TALLO CONTRACTING INC</b>                         |  | SUB CONTRACTOR<br><b>LINTECH ELECTRIC INC.</b> |                                  |

|                                           |  |                                    |                              |
|-------------------------------------------|--|------------------------------------|------------------------------|
| NAME (print)<br><b>GURSEWAR SINGH</b>     |  | SIGNATURE-IN<br><b>G.S.</b>        | TIME-IN<br><b>11:00 AM</b>   |
| WORK CLASSIFICATION<br><b>Electrician</b> |  | SSN (last 4 digits)<br><b>0537</b> | SIGNATURE-OUT<br><b>G.S.</b> |
| NAME (print)                              |  | SIGNATURE-IN                       | TIME-IN                      |
| WORK CLASSIFICATION                       |  | SSN (last 4 digits)                | SIGNATURE-OUT                |
| NAME (print)                              |  | SIGNATURE-IN                       | TIME-IN                      |
| WORK CLASSIFICATION                       |  | SSN (last 4 digits)                | SIGNATURE-OUT                |
| NAME (print)                              |  | SIGNATURE-IN                       | TIME-IN                      |
| WORK CLASSIFICATION                       |  | SSN (last 4 digits)                | SIGNATURE-OUT                |
| NAME (print)                              |  | SIGNATURE-IN                       | TIME-IN                      |
| WORK CLASSIFICATION                       |  | SSN (last 4 digits)                | SIGNATURE-OUT                |
| NAME (print)                              |  | SIGNATURE-IN                       | TIME-IN                      |
| WORK CLASSIFICATION                       |  | SSN (last 4 digits)                | SIGNATURE-OUT                |
| NAME (print)                              |  | SIGNATURE-IN                       | TIME-IN                      |
| WORK CLASSIFICATION                       |  | SSN (last 4 digits)                | SIGNATURE-OUT                |
| NAME (print)                              |  | SIGNATURE-IN                       | TIME-IN                      |
| WORK CLASSIFICATION                       |  | SSN (last 4 digits)                | SIGNATURE-OUT                |
| NAME (print)                              |  | SIGNATURE-IN                       | TIME-IN                      |
| WORK CLASSIFICATION                       |  | SSN (last 4 digits)                | SIGNATURE-OUT                |

|                                                                                       |  |                                                                                |  |
|---------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|
| <b>CONTRACTOR'S CERTIFICATION STATEMENT</b>                                           |  |                                                                                |  |
| I, <u><b>MANMOHAN SINGH</b></u><br><small>(Print name of Contractor Official)</small> |  | <u><b>SUPERVISOR</b></u><br><small>(Print Contractor Official's title)</small> |  |
| hereby certify that the information contained on this form is true and accurate.      |  |                                                                                |  |
| <u><b>MSingh</b></u><br><small>(Signature of Contractor Official)</small>             |  | <u><b>MSingh</b></u>                                                           |  |

DISTRIBUTION: Original to Construction Project Manager • Copy to Development Superintendent • Copy to Contractor





**U.S. Department of Labor**  
**Wage and Hour Division**

PAYROLL

(For Contractor's Optional Use; See Instructions at [www.dcl.gov/whd/forms/wh347instr.htm](http://www.dcl.gov/whd/forms/wh347instr.htm))

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☒☒ REACTOR

UNITECH ELECTRIC INC.

100

FOR WEEK ENDING

## PROJECT AND LOCATION

[illegible]

PROJECT OFF CONTRACT NO.

23

**FOR THE RECORD**

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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to submit weekly a copy of all payments to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payroll is correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits. The Cleveland Act (29 U.S.C. § 3145) requires contractors to submit weekly a copy of all payments to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payroll is correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits. The Cleveland Act (29 U.S.C. § 3145) requires contractors to submit weekly a copy of all payments to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payroll is correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

## Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

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| NYCHA 075.026 (Rev. 5/08)<br>CONTRACTOR DAILY SIGN-IN SHEET                      |                             | NEW YORK CITY HOUSING AUTHORITY                          |                           |
|----------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------|---------------------------|
| DEVELOPMENT<br>SHELTON HOUSES                                                    |                             | DATE<br>07/13/2016                                       | CONTRACT NO.<br>BW1416883 |
| CONTRACTOR<br>TAULO CONTRACTING INC.                                             |                             | SUB CONTRACTOR<br>LINTECH ELECTRIC INC.                  |                           |
| NAME (print)<br>GURSEWAK SINGH                                                   |                             | SIGNATURE-IN<br>G.S.                                     | TIME-IN<br>10:00 AM       |
| WORK CLASSIFICATION<br>Electrician                                               | SSN (last 4 digits)<br>0537 | SIGNATURE-OUT<br>G.S.                                    | TIME-OUT<br>1:00 PM       |
| NAME (print)                                                                     |                             | SIGNATURE-IN                                             | TIME-IN                   |
| WORK CLASSIFICATION                                                              | SSN (last 4 digits)         | SIGNATURE-OUT                                            | TIME-OUT                  |
| NAME (print)                                                                     |                             | SIGNATURE-IN                                             | TIME-IN                   |
| WORK CLASSIFICATION                                                              | SSN (last 4 digits)         | SIGNATURE-OUT                                            | TIME-OUT                  |
| NAME (print)                                                                     |                             | SIGNATURE-IN                                             | TIME-IN                   |
| WORK CLASSIFICATION                                                              | SSN (last 4 digits)         | SIGNATURE-OUT                                            | TIME-OUT                  |
| NAME (print)                                                                     |                             | SIGNATURE-IN                                             | TIME-IN                   |
| WORK CLASSIFICATION                                                              | SSN (last 4 digits)         | SIGNATURE-OUT                                            | TIME-OUT                  |
| NAME (print)                                                                     |                             | SIGNATURE-IN                                             | TIME-IN                   |
| WORK CLASSIFICATION                                                              | SSN (last 4 digits)         | SIGNATURE-OUT                                            | TIME-OUT                  |
| NAME (print)                                                                     |                             | SIGNATURE-IN                                             | TIME-IN                   |
| WORK CLASSIFICATION                                                              | SSN (last 4 digits)         | SIGNATURE-OUT                                            | TIME-OUT                  |
| NAME (print)                                                                     |                             | SIGNATURE-IN                                             | TIME-IN                   |
| WORK CLASSIFICATION                                                              | SSN (last 4 digits)         | SIGNATURE-OUT                                            | TIME-OUT                  |
| NAME (print)                                                                     |                             | SIGNATURE-IN                                             | TIME-IN                   |
| WORK CLASSIFICATION                                                              | SSN (last 4 digits)         | SIGNATURE-OUT                                            | TIME-OUT                  |
| CONTRACTOR'S CERTIFICATION STATEMENT                                             |                             |                                                          |                           |
| I, <u>MANMOHAN SINGH</u><br>(Print name of Contractor Official)                  |                             | <u>SUPERVISOR</u><br>(Print Contractor Official's title) |                           |
| hereby certify that the information contained on this form is true and accurate. |                             |                                                          |                           |
| (Signature of Contractor Official)                                               |                             | <u>MSingh</u>                                            |                           |

**DISTRIBUTION:** Original to Construction Project Manager • Copy to Development Superintendent • Copy to Contractor





|                                                                    |  |                                          |                                  |
|--------------------------------------------------------------------|--|------------------------------------------|----------------------------------|
| NYCHA 070.026 (Rev. 6/08)<br><b>CONTRACTOR DAILY SIGN-IN SHEET</b> |  | <b>NEW YORK CITY HOUSING AUTHORITY</b>   |                                  |
| DEVELOPMENT<br><u>Brooklyn Houses</u>                              |  | DATE<br><u>02/10/2016</u>                | CONTRACT NO.<br><u>BW1416888</u> |
| CONTRACTOR<br><u>Neelam Construction Corp</u>                      |  | SUB CONTRACTOR<br><u>Link Electrical</u> |                                  |

|                                           |                                    |                              |
|-------------------------------------------|------------------------------------|------------------------------|
| NAME (print)<br><u>Gurpreet Singh</u>     | SIGNATURE-IN<br><u>G.S.</u>        | TIME-IN<br><u>12:00 PM</u>   |
| WORK CLASSIFICATION<br><u>Electrician</u> | SSN (last 4 digits)<br><u>0937</u> | SIGNATURE-OUT<br><u>G.S.</u> |
| TIME-OUT<br><u>2:00 PM</u>                |                                    |                              |

|                     |                     |               |
|---------------------|---------------------|---------------|
| NAME (print)        | SIGNATURE-IN        | TIME-IN       |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT |
| TIME-OUT            |                     |               |

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|---------------------|---------------------|---------------|
| NAME (print)        | SIGNATURE-IN        | TIME-IN       |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT |
| TIME-OUT            |                     |               |

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| NAME (print)        | SIGNATURE-IN        | TIME-IN       |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT |
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| NAME (print)        | SIGNATURE-IN        | TIME-IN       |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT |
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| NAME (print)        | SIGNATURE-IN        | TIME-IN       |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT |
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| NAME (print)        | SIGNATURE-IN        | TIME-IN       |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT |
| TIME-OUT            |                     |               |

|                                                                                  |                                                                         |             |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------|
| <b>CONTRACTOR'S CERTIFICATION STATEMENT</b>                                      |                                                                         |             |
| I, <u>Gurpreet Singh</u><br><small>(Print name of Contractor Official)</small>   | <u>Supervisor</u><br><small>(Print Contractor Official's title)</small> |             |
| hereby certify that the information contained on this form is true and accurate. |                                                                         |             |
| <small>(Signature of Contractor Official)</small>                                |                                                                         | <u>G.S.</u> |

DISTRIBUTION: Original to Construction Project Manager • Copy to Development Superintendent • Copy to Contractor





|                                                                    |  |                                                 |                                  |
|--------------------------------------------------------------------|--|-------------------------------------------------|----------------------------------|
| NYCHA 07B.025 (Rev. 6/08)<br><b>CONTRACTOR DAILY SIGN-IN SHEET</b> |  | <b>NEW YORK CITY HOUSING AUTHORITY</b>          |                                  |
| DEVELOPMENT<br><b>PRECKLEN HOUSES</b>                              |  | DATE<br><b>03/07/2017</b>                       | CONTRACT NO.<br><b>BW1416888</b> |
| CONTRACTOR<br><b>LINTECH ELECTRIC INC.</b>                         |  | SUB CONTRACTOR<br><b>TALCO CONTRACTING INC.</b> |                                  |

|                                           |                                    |                              |                             |
|-------------------------------------------|------------------------------------|------------------------------|-----------------------------|
| NAME (print)<br><b>GURSEWAR SINGH</b>     |                                    | SIGNATURE-IN<br><i>G.S.</i>  | TIME-IN<br><b>11:00 AM</b>  |
| WORK CLASSIFICATION<br><b>ELECTRICIAN</b> | SSN (last 4 digits)<br><b>0537</b> | SIGNATURE-OUT<br><i>G.S.</i> | TIME-OUT<br><b>12:00 PM</b> |

|                     |                     |               |          |
|---------------------|---------------------|---------------|----------|
| NAME (print)        |                     | SIGNATURE-IN  | TIME-IN  |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT | TIME-OUT |

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| NAME (print)        |                     | SIGNATURE-IN  | TIME-IN  |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT | TIME-OUT |

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| NAME (print)        |                     | SIGNATURE-IN  | TIME-IN  |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT | TIME-OUT |

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| NAME (print)        |                     | SIGNATURE-IN  | TIME-IN  |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT | TIME-OUT |

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| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT | TIME-OUT |

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| NAME (print)        |                     | SIGNATURE-IN  | TIME-IN  |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT | TIME-OUT |

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| NAME (print)        |                     | SIGNATURE-IN  | TIME-IN  |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT | TIME-OUT |

|                                                                                  |  |                                                     |  |
|----------------------------------------------------------------------------------|--|-----------------------------------------------------|--|
| <b>CONTRACTOR'S CERTIFICATION STATEMENT</b>                                      |  |                                                     |  |
| I, <u>Mandeep Singh</u><br>(Print name of Contractor Official)                   |  | <u>Singh</u><br>(Print Contractor Official's title) |  |
| hereby certify that the information contained on this form is true and accurate. |  |                                                     |  |
| (Signature of Contractor Official)                                               |  | <i>M Singh</i>                                      |  |

DISTRIBUTION: Original to Construction Project Manager • Copy to Development Superintendent • Copy to Contractor





U.S. Department of Labor  
Wage and Hour Division

payroll

(For Contractor's Optional Use: See instructions at [www.dcl.gov/whof/forms/wh347instr.htm](http://www.dcl.gov/whof/forms/wh347instr.htm).)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

|                                             |                                                      |                                                |                                           |
|---------------------------------------------|------------------------------------------------------|------------------------------------------------|-------------------------------------------|
| NAME OF CONTRACTOR <input type="checkbox"/> | OR SUBCONTRACTOR <input checked="" type="checkbox"/> | ADDRESS                                        | CAMS No. 1235-0006<br>Expires: 04/30/2021 |
| LINTCH ELECTRIC INC.                        |                                                      | 3006 TILDEN AVENUE<br>BROOKLYN, NEW YORK 11225 |                                           |
| PAYROLL NO. 148                             | FOR WEEK ENDING 07/15/2018                           | PROJECT AND LOCATION<br>BREUKELLEN HOUSES      | PROJECT OR CONTRACT NO.<br>BW-1416888     |

[illegible]

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Compliance Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to "submit weekly a statement with respect to wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the "Federal agency contracting for or financing the construction project, accompanied by a signed 'Statement of Compliance' indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies receiving this information review the information to determine that employees receive the legally required wages and fringe benefits.

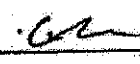
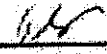
**पुष्पकविः उपनिषद् अष्टादश**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments concerning this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wayne and Hout Division, U.S. Department of Labor, Room 55602, 200 Constitution Avenue, N.W., Washington, D.C. 20370.

**பேரவையுள்**

|                                                                    |  |                                               |                                   |
|--------------------------------------------------------------------|--|-----------------------------------------------|-----------------------------------|
| NYCHA 076.026 (Rev. 8/08)<br><b>CONTRACTOR DAILY SIGN-IN SHEET</b> |  | <b>NEW YORK CITY HOUSING AUTHORITY</b>        |                                   |
| DEVELOPMENT<br><b>Breenkelen House</b>                             |  | DATE<br><b>07/14/2018</b>                     | CONTRACT NO.<br><b>BW 1416888</b> |
| CONTRACTOR<br><b>Neelan Construction Corp.</b>                     |  | SUB CONTRACTOR<br><b>Lintech Electric Co.</b> |                                   |

|                                 |                                                                                                     |                                                                                                      |                            |
|---------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------|
| NAME (print)<br><b>GURSHUCK</b> | SIGNATURE-IN<br> | TIME-IN<br><b>1:00 PM</b>                                                                            |                            |
| WORK CLASSIFICATION             | SSN (last 4 digits)<br><b>0537</b>                                                                  | SIGNATURE-OUT<br> | TIME-OUT<br><b>2:30 PM</b> |

|                     |                     |               |          |
|---------------------|---------------------|---------------|----------|
| NAME (print)        | SIGNATURE-IN        | TIME-IN       |          |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT | TIME-OUT |

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| NAME (print)        | SIGNATURE-IN        | TIME-IN       |          |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT | TIME-OUT |

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| NAME (print)        | SIGNATURE-IN        | TIME-IN       |          |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT | TIME-OUT |

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| NAME (print)        | SIGNATURE-IN        | TIME-IN       |          |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT | TIME-OUT |

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| NAME (print)        | SIGNATURE-IN        | TIME-IN       |          |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT | TIME-OUT |


  

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| NAME (print)        | SIGNATURE-IN        | TIME-IN       |          |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT | TIME-OUT |

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|---------------------|---------------------|---------------|----------|
| NAME (print)        | SIGNATURE-IN        | TIME-IN       |          |
| WORK CLASSIFICATION | SSN (last 4 digits) | SIGNATURE-OUT | TIME-OUT |

|                                                                                  |  |                                                                                       |  |
|----------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|--|
| <b>CONTRACTOR'S CERTIFICATION STATEMENT</b>                                      |  |                                                                                       |  |
| I, <u><b>Maximilian Pich</b></u><br>(Print name of Contractor Official)          |  | <u><b>Supervisor</b></u><br>(Print Contractor Official's title)                       |  |
| hereby certify that the information contained on this form is true and accurate. |  |                                                                                       |  |
| (Signature of Contractor Official)                                               |  |  |  |

DISTRIBUTION: Original to Construction Project Manager • Copy to Development Superintendent • Copy to Contractor

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